

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 13
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>					
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>09 / 30 / 2014</div></div>		
Mailing Address 100 Indiana Avenue, N.W.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">612.48</div>		
City Washington State DC Zip Code 20001		Transaction ID : D543089 Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>09 / 30 / 2014</div></div>			
Purpose of Expenditure InKind Staff		Category/ Type 001			
Name of Federal Candidate MARK E UDALL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) District: 00 State: CO		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px;">20335.27</div>		
Full Name of Payee United Steelworkers of America Political Action Fund			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>09 / 30 / 2014</div></div>		
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.52</div>		
City Pittsburgh State PA Zip Code 15222		Transaction ID : D543101 Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>09 / 30 / 2014</div></div>			
Purpose of Expenditure InKind Staff		Category/ Type 001			
Name of Federal Candidate MARK E UDALL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) District: 00 State: CO		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px;">20335.27</div>		
(a) SUBTOTAL of Itemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;">633.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 02 / 2014</div></div>		

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Grassroots Solutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>	
Mailing Address 2828 University Avenue SE, #150			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">775.93</div>	
City Minneapolis	State MN	Zip Code 55414	Transaction ID : D543106 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>	
Purpose of Expenditure Canvasser		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">46747.13</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Grassroots Solutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>	
Mailing Address 2828 University Avenue SE, #150			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">775.93</div>	
City Minneapolis	State MN	Zip Code 55414	Transaction ID : D543108 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>	
Purpose of Expenditure Canvasser		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">46747.13</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1551.86</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Ms. Elizabeth H Shuler

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10 / 02 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Voices of the American Federation of Government Employees		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.82</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D543110 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>
Purpose of Expenditure Inkind Staff Travel	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CORY GARDNER	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">20335.27</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Voices of the American Federation of Government Employees		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">65.40</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D543112 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>
Purpose of Expenditure Inkind Staff Travel	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose ALISON LUNDERGAN GRIMES	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">43987.54</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">66.22</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee Voices of the American Federation of Government Employees			Date of Public Distribution/Dissemination	
Mailing Address 80 F Street, NW			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">30</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City Washington	State DC	Zip Code 20001	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">219.33</div>	
Purpose of Expenditure InKind Staff		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Transaction ID : D543113 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">30</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate MARK E UDALL			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">20335.27</div>				

Full Name of Payee Voices of the American Federation of Government Employees			Date of Public Distribution/Dissemination	
Mailing Address 80 F Street, NW			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">30</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City Washington	State DC	Zip Code 20001	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">65.40</div>	
Purpose of Expenditure Inkind Staff Travel		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>	Transaction ID : D543123 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">30</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate MITCH MCCONNELL			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">43987.54</div>				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">284.73</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

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02

2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 13
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Voices of the American Federation of Government Employees		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 80 F Street, NW		Amount 94.40	
City Washington	State DC	Zip Code 20001	Transaction ID : D543124
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 20335.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 0.45	
City Washington	State DC	Zip Code 20006	Transaction ID : D543145
Purpose of Expenditure Walk Packets	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 43987.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	94.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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MM / DD / YYYY
10 / 02 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 6 OF 13
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 14.92	
City Washington	State DC	Zip Code 20006	Transaction ID : D543146
Purpose of Expenditure Walk Packets	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 20335.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 34.46	
City Washington	State DC	Zip Code 20006	Transaction ID : D543147
Purpose of Expenditure Walk Packets	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 46747.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full)

Workers' Voice

FEC IDENTIFICATION NUMBER ▼

C C00484287

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee

AFL-CIO

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Mailing Address 815 - 16th Street, NW

Amount

14.77

City

Washington

State

DC

Zip Code

20006

Purpose of Expenditure

Walk Packets

Category/
Type

004

Transaction ID : D543152

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Name of Federal Candidate

TERRI LYNN LAND

☐ Support☒ Oppose

Office Sought:

☐ House

District: 00

☐ President☒ Senate

State: MI

Calendar Year-To-Date
Per Election for Office Sought

46747.13

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶

Full Name of Payee

AFL-CIO

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Mailing Address 815 - 16th Street, NW

Amount

0.45

City

Washington

State

DC

Zip Code

20006

Purpose of Expenditure

Walk Packets

Category/
Type

004

Transaction ID : D543154

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Name of Federal Candidate

ALISON LUNDERGAN GRIMES

☒ Support☐ Oppose

Office Sought:

☐ House

District: 00

☐ President☒ Senate

State: KY

Calendar Year-To-Date
Per Election for Office Sought

43987.54

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

15.22

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

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NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>	
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">41.10</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D543157 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>
Purpose of Expenditure InKind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate TERRI LYNN LAND	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">46747.13</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>	
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">82.20</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D543160 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>
Purpose of Expenditure InKind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate GARY PETERS	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">46747.13</div>		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">123.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY
10 / 02 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 9 OF 13

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

Workers' Voice

FEC IDENTIFICATION NUMBER ▼

C C00484287

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee

UFCW Int'l Union Working Families Advocacy Project

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Mailing Address 1775 K Street, NW

Amount

106.16

City

Washington

State

DC

Zip Code

20006-1598

Purpose of Expenditure

InKind Staff

Category/
Type

001

Transaction ID : D543164

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Name of Federal Candidate

MITCH MCCONNELL

☐ Support☒ Oppose

Office Sought:

☐ House

District: 00

☐ President☒ Senate

State: KY

Calendar Year-To-Date
Per Election for Office Sought

43987.54

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶

Full Name of Payee

UFCW Int'l Union Working Families Advocacy Project

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Mailing Address 1775 K Street, NW

Amount

121.50

City

Washington

State

DC

Zip Code

20006-1598

Purpose of Expenditure

InKind Staff

Category/
Type

001

Transaction ID : D543168

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Name of Federal Candidate

TERRI LYNN LAND

☐ Support☒ Oppose

Office Sought:

☐ House

District: 00

☐ President☒ Senate

State: MI

Calendar Year-To-Date
Per Election for Office Sought

46747.13

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

227.66

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

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Ms. Elizabeth H Shuler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 10 OF 13
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee UFCW Int'l Union Working Families Advocacy Project		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 30 / 2014</div>	
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">236.11</div>	
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D543169
Purpose of Expenditure InKind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 30 / 2014</div>	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">46747.13</div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee UFCW Int'l Union Working Families Advocacy Project		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 30 / 2014</div>	
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">106.16</div>	
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D543170
Purpose of Expenditure InKind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 30 / 2014</div>	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">43987.54</div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">342.27</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Ms. Elizabeth H Shuler

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Date

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10 / 02 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 12 OF 13
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFSCME for Michigan			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>		
Mailing Address 1625 L Street, NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">529.94</div>		
City Washington	State DC	Zip Code 20036	Transaction ID : D543191 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>		
Purpose of Expenditure InKind Staff		Category/ Type 001	Name of Federal Candidate GARY PETERS		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee AFSCME for Michigan			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>		
Mailing Address 1625 L Street, NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">159.62</div>		
City Washington	State DC	Zip Code 20036	Transaction ID : D543193 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 30 / 2014</div> </div>		
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Name of Federal Candidate TERRI LYNN LAND		
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">689.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Ms. Elizabeth H Shuler

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10 / 02 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 13	OF 13
FOR SE OF FORM 24/48	

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1625 L Street, NW		Amount 171.66	
City Washington	State DC	Zip Code 20036	Transaction ID : D543195
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 46747.13		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	171.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	4822.03

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Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM	DD	YYYY
10	02	2014

Signature